PART B - FEE(S) TRANSMITTAL							
Complete and send t	NOV 0 2 2005	h applicable fo		Commissioner f P.O. Box 1450	E FEE or Patents ginia 22313-1450	19	
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mark g. bocchetti eastman kodak company 343 state street rochester, NY 14650-2201 11/03/2005 YPOLITE2 00000033 10701838				Ce	prtificate of Mailing or Trans his Fee(s) Transmittal is bein with sufficient postage for fir ill Stop ISSUE FEE address PTO (571) 273-2885, on the d	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.  (Depositor's name)	
01-FC:1501				Poet	S Carfuy	(Signature) (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVI		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/701,838 11/05/2003 TITLE OF INVENTION: METHOD FOR REGISTERING SHEETS IN A			Alan E. Rapkin A DUPLEX REPRODUCTION MACHINE F		H 10229 DPS' FOR ALLEVIATING SKEW	7066	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	11/14/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
KOHNER, MATTHEW J		3653 271-184000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  EASTMAN XODAX COMPANY  343 STATE STREET, ROCHESTER, N. 14650-2201							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.							
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	SMALL ENTITY status. See	•	☐ b. Appli	cant is no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
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